



Department of Social & Health Services
Children's Administration

Supporting Data for Children's Administration GMAP Presentation

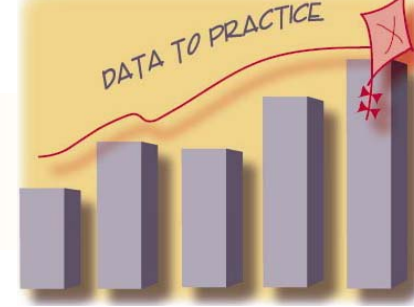
October 5, 2005

Vulnerable Children

DSHS Children's Administration

Government Management, Accountability and Performance

October 5, 2005



Introduction

The mission of the Children's Administration is first to protect abused and neglected children, to support the efforts of families to care for and parent their own children safely, and to provide quality care and permanent families for children in partnership with parents and kin, Tribes, foster parents and communities.

SAFETY: The Children's Administration receives referrals of abuse and neglect as well as other referrals of children and families in need of services through an **intake screening** process where the appropriate level of service is determined. To intervene in a way that provides **protection** for children, we investigate child abuse and neglect referrals in a timely manner and have recently decreased significantly the amount of time we allow before seeing a child.

PERMANENCY: We make efforts to **prevent placement** of children and only remove them from their parents when necessary to protect them. When we do place children into out-of-home care, it is imperative that we find them a **safe and appropriate placement** that will be stable while they must be away from their families. We search for relatives who can care for children because these are usually more stable and allow children to remain connected to their families of origin. All children deserve to be placed in a permanent family and we actively invest in finding **permanent homes for children**, looking first to return children to their parents. When that is not possible we look at other permanency options such as adoption and guardianship. After children are placed in their permanent home, it is important that appropriate **after care** services are provided; regular supervision for children returned to their parents and adoption services to children who are adopted.

WELL BEING: It is very important to **meet the needs of families and children** when children are placed in out-of-home care, including their physical, educational, and mental health needs.

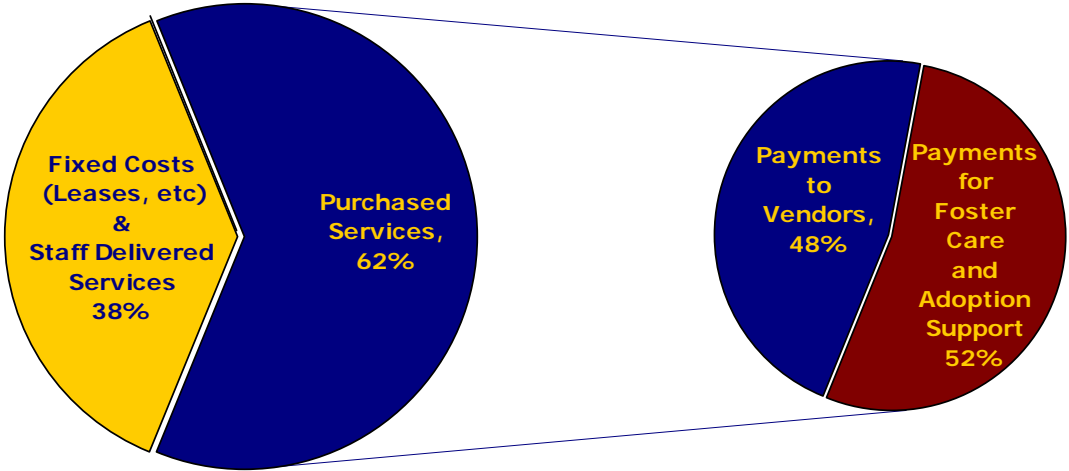
Presented by:

Robin Arnold-Williams, Department of Social and Health Services Secretary

Fiscal and Staffing Concerns

What is the Children's Administration budget universe?

Children's Administration Expenditures



Total 2005-2007 Budget:
\$947 Million

Analysis:

- Children's Administration comprises six percent of the DSHS budget
- Nearly two-thirds of the budget is spent on purchased services, over half of which is used to pay for foster care and adoption support

Action Plan:

- Develop and manage a budget that achieves the administration's mission while adhering to state and federal directives
- Manage the part of the budget within our control
- Challenges in the current budget:
 - Adoption Support
 - Foster Care
 - Fixed costs

Fiscal and Staffing Concerns

How will Children’s Administration manage within the appropriated adoption support budget?

	Monthly Per Capita Cost	Estimated Monthly Caseload
FY 2005 Expenditures	\$578	10,371
FY 2006 Appropriated	\$526	11,242
FY 2007 Appropriated	\$616	12,034

Analysis

- Washington State will have over 11,000 children receiving Adoption Support in FY 2006. The current appropriation provides \$70.9 million for this population.
- The amount appropriated is about \$1 million less than the Adoption Support expenditures in FY 2005, when the caseload was about 10,000.
- The monthly per capita cost assumed in the 2006 appropriation is \$52/month lower than the actual cost per child in FY 2005.
- It would take unusual measures to stay within the FY 2006 appropriation, such as:
 - Per capita costs would have to be reduced by \$52 for every child each month in FY 2006, or
 - 776 children would have to be removed from the current caseload.
- Adoption Support contracts are for 5 years. Only the net new adoption support contracts (approximately 870) would be available for reduced per capita costs.
 - If all 870 children in the net new contracts received only \$1 per month for the full year, Children’s Administration would still overspend the Adoption Support appropriation by \$3.3 million.
- The Adoption and Safe Families Act establishes federal requirements for permanency and adoption timelines.

Fiscal and Staffing Concerns

How will Children’s Administration manage within the appropriated foster care budget?

FY 2006 Per Capita Reductions Needed to Remain Within Appropriations

	FY05 Actuals	FY06 Appropriations	Difference
Foster Family Homes	\$1,062	\$991	-\$71
BRS	\$4,747	\$4,750	\$3
Receiving Homes	\$498	\$480	-\$18

Analysis:

- Washington State will have over 8,000 children in paid Foster Care in FY 2006. The 2006 appropriation provides \$150.5 million for this population.
- This amount is \$400,000 less than the expenditures in FY 2005, prior to the 1% vendor rate increase provided for FY 2006.
- The monthly per capita cost assumed in the FY 2006 appropriation is \$10/month lower than the actual per capita cost experienced in FY 2005.
- About 6,500 of the 8,000 children in paid foster care are in family foster homes. About 1,000 are in Behavioral Rehabilitation Services (BRS) and the remaining are in receiving homes.
- The highest per capita costs are in BRS, which is about 40% of the foster care budget expenditure.
 - 398 children cost less than \$3,000 per month
 - 575 children cost between \$3,000 - \$7,000 per month
 - 27 children cost more than \$7,000 per month
 - The addition of just one child at the more than \$7,000 per month level would raise the monthly per capita cost by more than \$9.

Fiscal and Staffing Concerns

How does the Children’s Administration spend its budget?

Children’s Administration FY 2006 Allotments - Estimated by Key Activities

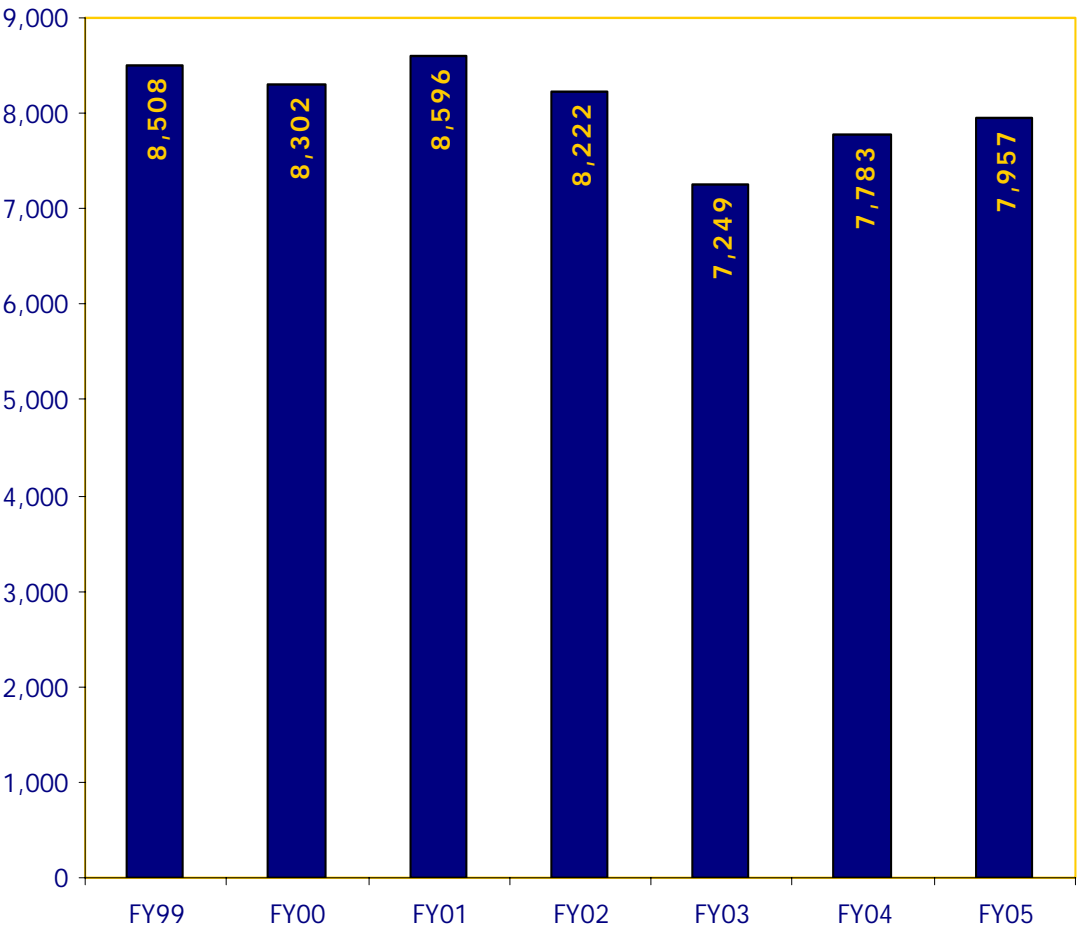
	Key Activity	Appropriation (in millions \$)	Contracted Services (in millions \$)	Staff & Fixed Costs (in millions \$)	# FTE’s
Safety	Intake Screening	11.0		11.0	156
	Protection	42.1	6.5	35.6	533
Permanency	Placement Prevention	30.8	23.0	7.8	275
	Safe and Appropriate Placement	175.1	161.0	14.1	171
	Permanent Homes for Children	59.6	13.2	46.4	583
	After Care	76.6	70.1	6.5	91
Well Being	Meeting Child & Family Needs	17.6	14.4	3.2	43
Supporting Client Outcomes	*Direct Service Support in Region & Local Offices	23.3		23.3	321
	**Headquarters Program Support	29.3		29.3	234
	TOTAL	\$ 465.4	\$ 288.2	\$ 177.2	2,407

Data Notes According to the budget proviso FY 2006 represents 49% of the biennial budget.
* Region & Local Office allotments include lease allotments, contract monitoring, federal revenue, quality assurance, etc.
**Headquarters Program Support includes information technology staff and contracts, foster parent training staff, employee training, etc.

Provide stable, nurturing, permanent placements

How many children enter out-of-home care each year?

Number of Children Entering Out-of-Home Care by Fiscal Year



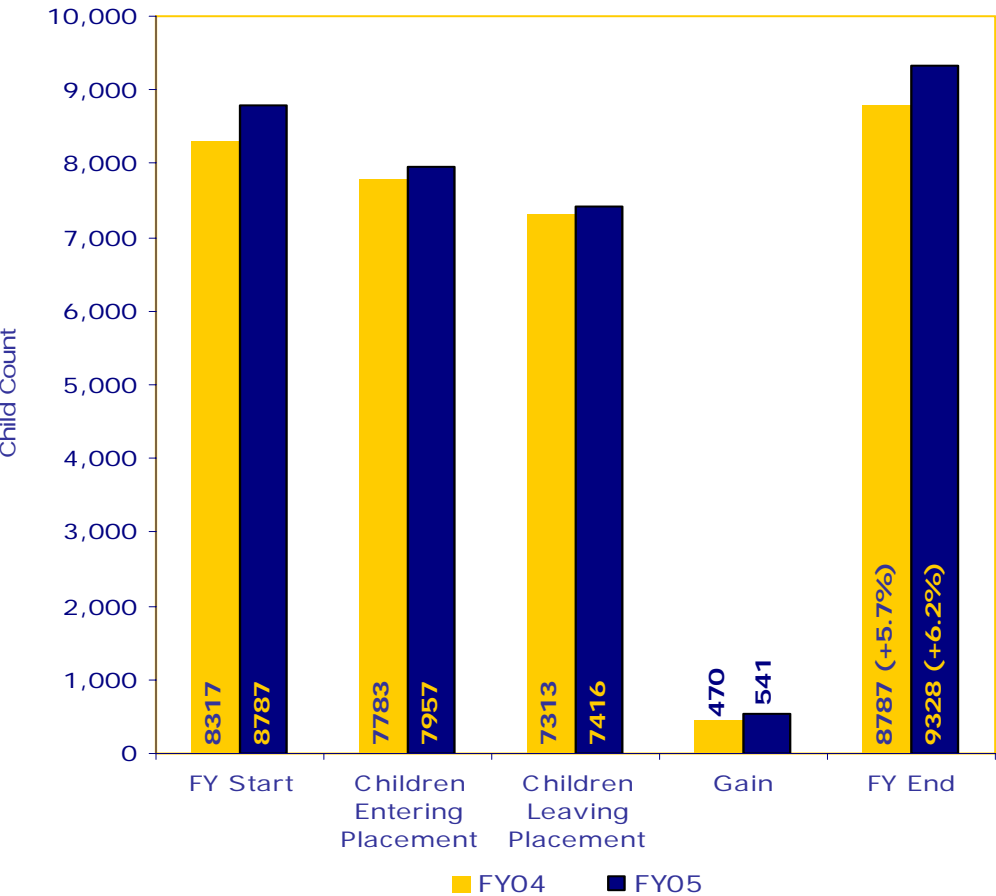
Comment:

The number of children entering placement has generally declined since Fiscal Year 1999, although it has shown increases statewide during the last three years.

Provide stable, nurturing, permanent placements

Is the number of children in out-of-home care growing over time?

Placement Population Dynamics:
FY04 and FY05 Comparison



Analysis:

- The number of children in out-of-home care increased by 6.2% from the end of FY04 to the end of FY05
- The number of new children entering care as well as the length of time they remain in care are factors in the recent growth of the placement population

8,787	Children in Care at Start of FY05
<u>+ 7,957</u>	Additional Children Entering in FY05
16,744	Total Placements Experienced by Children
<u>- 7,416</u>	Children Exiting in FY05
9,328	Children in Care at End of FY05

Action Steps:

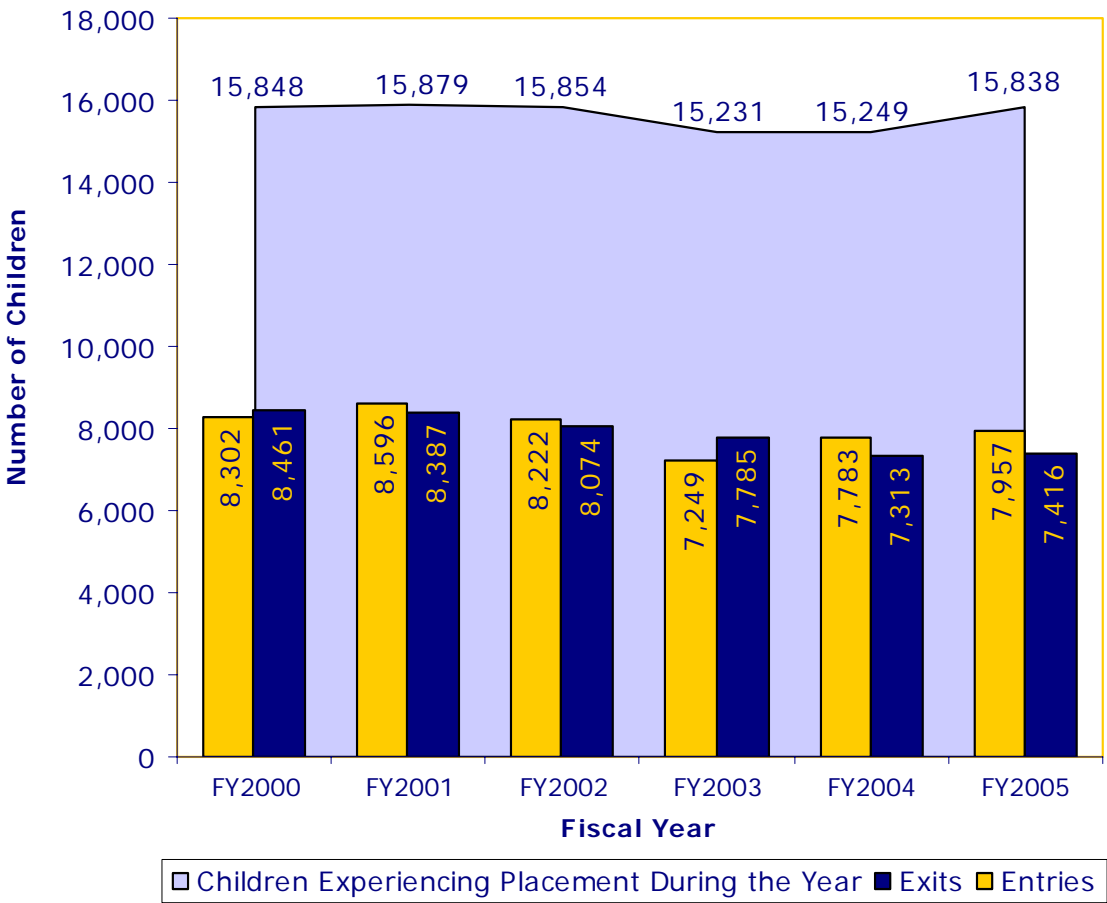
- Complete further analysis of reasons for increased placements

Data Notes SOURCE: CAMIS September 2005. Children may be placed more than one time during the year. 15,838 unduplicated children were placed in the 16,744 total placements experienced by children.

Provide stable, nurturing, permanent placements

Is the number of children in out-of-home care growing over time?

Out-of-Home Placement Trends FY00 to FY05:
Total Number of Children in Placement and
Children Entering and Exiting Annually



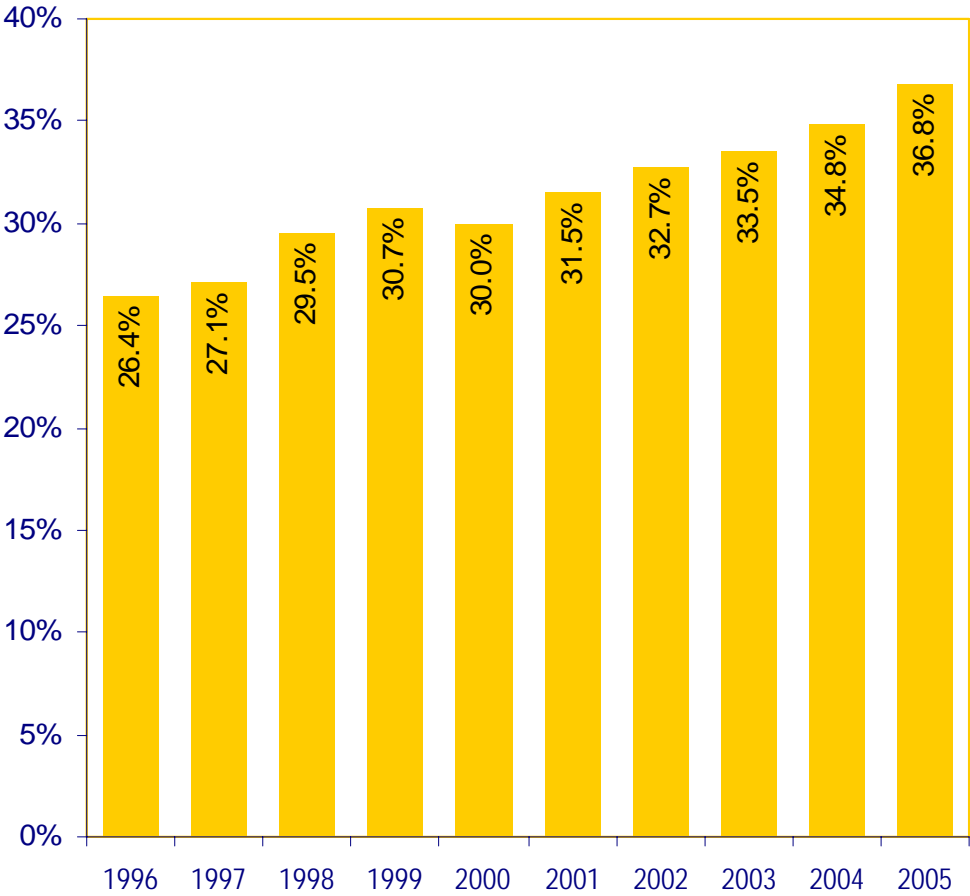
Comment:

The number of new children entering care as well as the length of time they remain in care are factors in the recent growth of the placement population.

Provide stable, nurturing, permanent placements

Are children placed with relatives?

**Percent of Children Placed With Relatives
On the Last Day of the Fiscal Year**



Comment:

Relative placements have increased over time to a high of nearly 37%.

We pursue relative placements for children because they are usually more stable and allow children to remain connected to their families of origin.

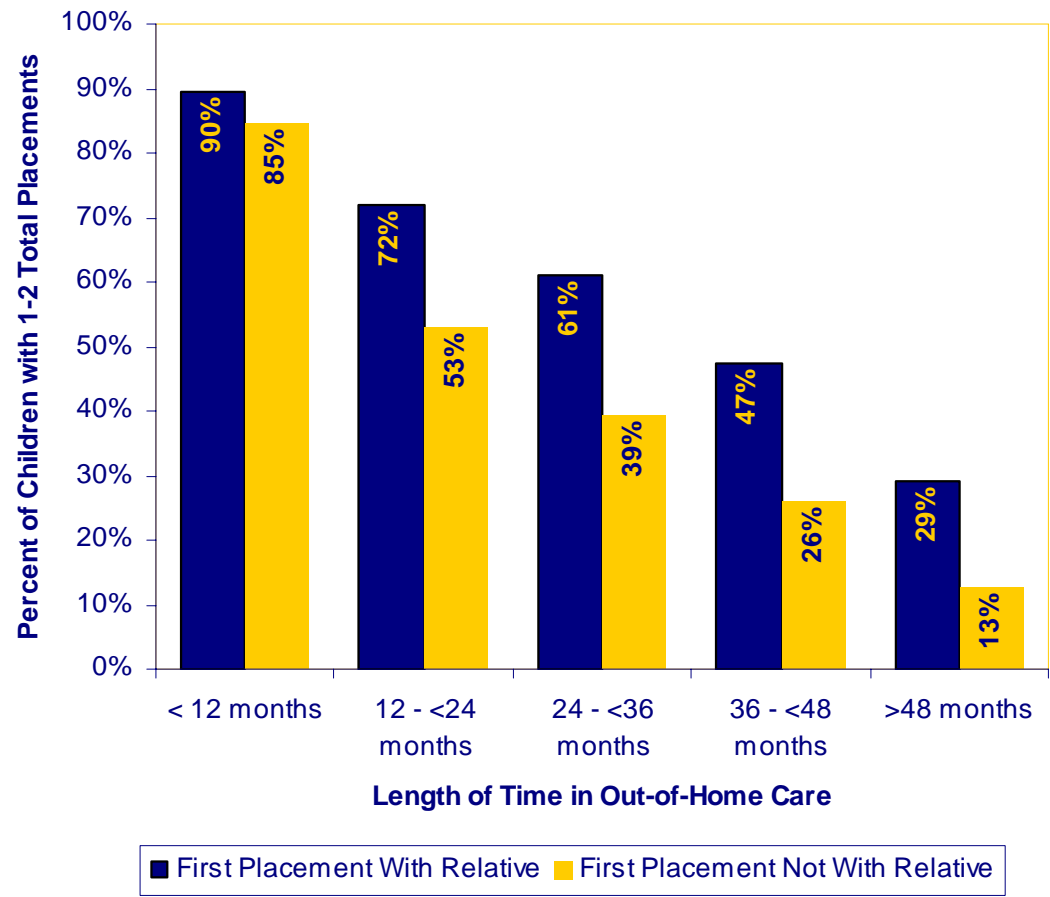
Federal law requires us to make reasonable efforts to reunite children with their families, even when they are stable with relatives.

The foster care caseload forecast does not include funding for services to unlicensed relative caregivers, although we are responsible to provide the same services for these families that we do for licensed foster families.

Functional Family Therapy and Multi-Systemic Therapy would benefit unlicensed relative caregivers when placements are at risk of disrupting.

Provide stable, nurturing, permanent placements
Is relative placement more stable?

Placement Stability By Length of Time in Care and First Placement Type - For All Children in Care in FY05



Analysis:

- Finding relatives for the initial placement increases the likelihood of stability
- Children placed initially with relatives have more stable placements during their time in out-of-home care for all lengths of stay, when compared to children who were not initially placed with relatives

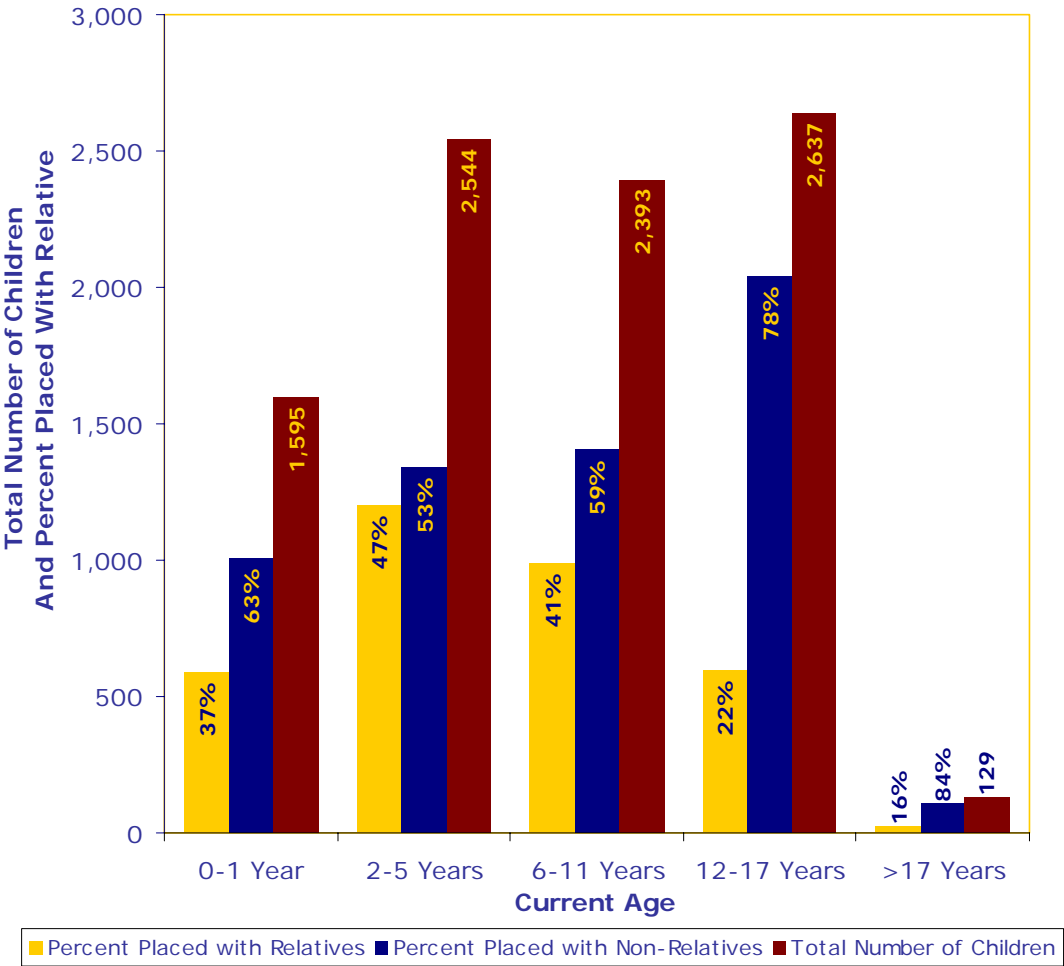
Action Steps:

- Increase use of kinship care
Note: The foster care caseload forecast does not include funding for services to unlicensed relative caregivers, although we are responsible to provide the same services for these families that we do for licensed foster families.
- Increase statewide availability of Functional Family Therapy, Multi-Systemic Therapy and Multidimensional Treatment Foster Care (MDTFC), which is useful for all caregivers including relatives

Provide stable, nurturing, permanent placements

Does a child’s age make a difference in relative placement?

Children in Placement By Age and Placement Type
End of Fiscal Year 2005



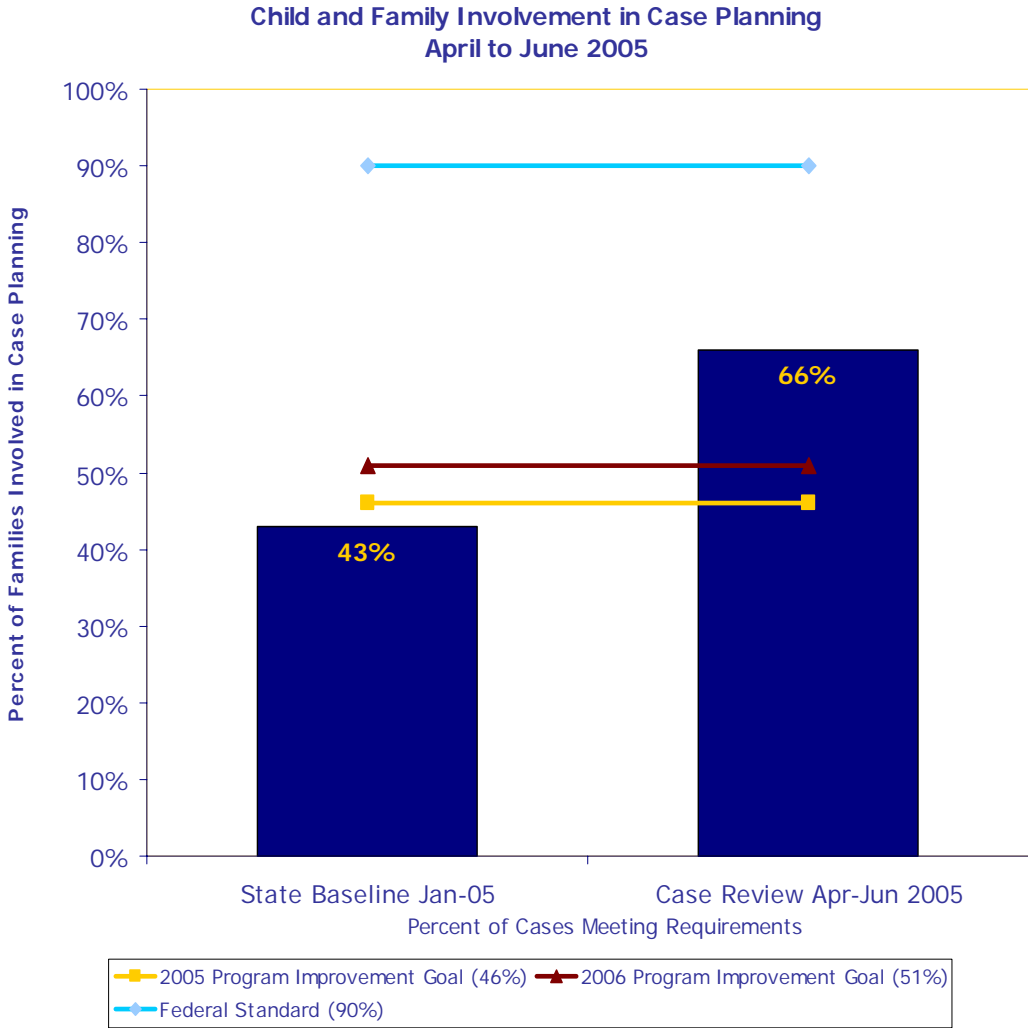
Comment:

Older children in foster care are less likely to reside with a relative and we are exploring strategies to create relative opportunities for adolescents.

Functional Family Therapy and Multi-Systemic Therapy would benefit unlicensed relative caregivers when placements are at risk of disrupting.

We are responsible to support all placements with appropriate services – relative and non-relative.

Provide stable, nurturing, permanent placements
How many families are involved in case planning?



Comment:

Family involvement in case planning is associated with better outcomes for children.

Case Review results show strong improvement in the ability of social workers to engage families in case planning.

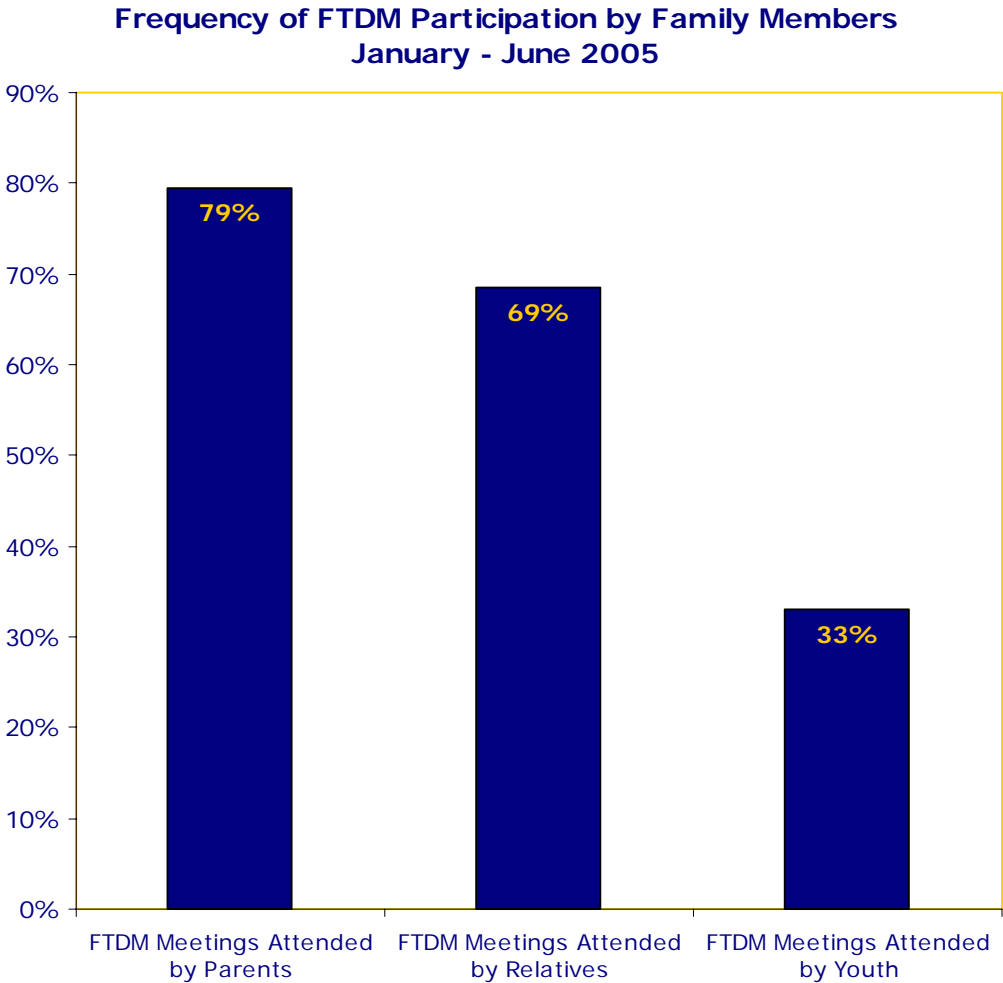
We review case practice in each office once per year, including interviews with parents and children regarding their involvement in case-planning.

Following the review, we develop office improvement plans based on the results of the annual case review.

We provide statewide training to CA staff and foster parents on “Engagement of Families”.

Provide stable, nurturing, permanent placements

How many families are involved in services and planning?



Comment:

Family involvement in services and planning is associated with better outcomes for children.

Family Team Decision Making (FTDM) meeting coordinators have successfully engaged parents and other relatives of the child as participants in these meetings.

29 percent of children currently placed in out-of-home care are ages 12-17, yet 33 percent of the these meetings are attended by children – a very high participation rate.